

2188

| PLACE OF BIRTH | | ARIZONA STATE BOARD OF HEALTH | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------|
| BUREAU OF VITAL STATISTICS | | State Index No. 218 | |
| County of <u>Globe</u> | District of <u>Globe</u> | ORIGINAL CERTIFICATE OF BIRTH | |
| Town of <u>Globe</u> | City of <u>Globe</u> | Co. Register No. 438 | |
| (No. _____ St. _____ Ward) | | Local Registrar's No. _____ | |
| FULL NAME OF CHILD <u>Samuel James Clemence.</u> | | { Born } YES | |
| If child is not named, make Supplemental Report on blank obtainable from local registrar. | | { Alive } NO | |
| Sex of Child <u>Male</u> | Twin, Triplet or other <u>Other</u> | and { Number in order of birth <u>1</u> } | Legitimate? <u>Yes</u> |
| Date of Birth <u>July, 25, 1920</u> | | (Month) (Day) (Yr.) | |
| FATHER | | MOTHER | |
| Full Name <u>Joseph H. Clemence.</u> | | Full Maiden Name <u>Lavinia Piper.</u> | |
| Residence <u>Globe, Ariz.</u> | | Residence <u>Globe, Ariz.</u> | |
| Color or Race <u>White.</u> | Age at last Birthday <u>31</u> (Years) | Color or Race <u>White.</u> | Age at last Birthday <u>28</u> (Years) |
| Birthplace <u>England.</u> | | Birthplace <u>England.</u> | |
| Occupation <u>Miner.</u> | | Occupation <u>Housewife.</u> | |
| Number of child of this mother <u>4th.</u> | Number of Children, of this mother, now living <u>Four.</u> | Were precautions taken against Ophthalmia neonatorum? <u>Yes.</u> | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | |
| hereby certify that I attended the birth of the above child; and that it occurred on <u>July 25, 1920</u> , at <u>10</u> A.M. | | | |
| *When there is no attending physician or midwife, then the householder should make this return. | | (Signature) <u>J. H. Malis</u> | |
| Given or Christian name added from a | | (Attending physician, midwife, householder.*) | |
| Supplemental report _____ 191 _____ | Address _____ | LOCAL REGISTRAR. | |
| 235-725-379 | Filed <u>Aug 4, 1920</u> | A True Copy | |
| COUNTY REGISTRAR. | Filed <u>Aug 26, 1920</u> | COUNTY REGISTRAR. | |